



BEHAVIORAL HEALTH HEDIS® CODING GUIDE

2022 – 2023 CareSource PASSE



This guide provides HEDIS coding information only, not necessarily payment guidance. Refer to your state's guidance for payment details and telehealth regulations.

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p>Follow-Up After Hospitalization for Mental Illness (FUH) 6 years and over</p>	<p>The percentage of discharges for members six years of age and older who were hospitalized for treatment of select mental illness or intentional self-harm diagnoses AND who had a follow-up visit with a mental health provider.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within seven days after discharge. 	<p>This measure addresses the need for coordination of care immediately after hospitalization, which is a higher risk time for readmissions and suicide completions.</p> <p>Follow-up within seven days after date of inpatient discharge with a qualified mental health provider*. Do not include visits that occur on the date of discharge.</p> <p>Mental Health Providers include: Psychiatrist, Psychologist, Psychiatric Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Masters-prepared Social Worker (MSW), Certified or Licensed Marital and Family Therapist (MFT) or Licensed Professional Counselor (PC, PCC, PCC-S), Physician Assistant certified to practice psychiatry, an authorized Certified Community Mental Health Center (CMHC) or the comparable term used within the state in which it is located), or an authorized Certified Community Behavioral Health Clinic (CCBHC). <i>Note: Only authorized CMHCs and CCBHCs are considered mental health providers.</i></p> <p>*Follow-up with a PCP does NOT fulfill the follow-up requirement for this measure unless they meet criteria listed above.</p>	<p>Outpatient Visit, Visit Setting Unspecified CPT®: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 – WITH –</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 – OR –</p> <p>Telehealth Visit, Visit Setting Unspecified CPT – WITH –</p> <p>POS: 02, 10 – OR –</p> <p>Behavioral Health (BH) Outpatient Visit CPT: 98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510 – OR –</p> <p>HCPCS: G0155, G0176-77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, T1015 – OR –</p> <p>UBREV: 0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83 – OR –</p> <p>Intensive Outpatient/Partial Hospitalization Option 1: HCPCS: G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85 UBREV: 0905, 0907, 09123 Option 2: Visit Setting Unspecified CPT – WITH –</p> <p>POS: 52 – OR –</p> <p>CMHC Visit POS: 53</p>

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<p>Follow-Up After Hospitalization for Mental Illness (FUH) 6 years and over</p>		<p>Telehealth visits with appropriate codes and any listed mental health provider-type is sufficient to qualify for this measure.</p>	<p align="right">– WITH –</p> <p>Visit Setting Unspecified CPT – OR –</p> <p>BH Outpatient Codes – OR –</p> <p>Observation Visit CPT: 99217-20 – OR –</p> <p>TCM Services CPT: 99495-96 – OR –</p> <p>BH Setting Visit UBREV: 0513, 0900-05, 0907, 0911-17, 0919 – OR –</p> <p>Observation Visit CPT: 99217-20 – OR –</p> <p>Telephone Visit CPT: 98966-68, 99441-43 – OR –</p> <p>Psychiatric Collaborative Care Management CPT: 99492-94 HCPCS: G0512 – OR –</p> <p>Electroconvulsive Therapy CPT: 90870 ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ – WITH –</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
<p>Antidepressant Medication Management (AMM) 18 years and over</p>	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). 	<p>Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.</p> <p>Major Depression: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
<p>Follow-Up After Care for Children Prescribed ADHD Medication (ADD) 6-12 years</p>	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Two rates are reported.</p> <ol style="list-style-type: none"> 1. Initiation Phase: The percentage of members 6-12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. 2. Continuation and Maintenance (C&M) Phase: The percentage of members 6-12 years of age who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	<p>Do not count a visit on the earliest prescription dispensing date for ADHD medication as the Initiation Phase visit.</p> <p>One of the C&M visits must be face-to-face with the patient.</p> <p>Members need to be monitored to ensure that prescription was filled during first 30 days and adjusted to optimal therapeutic effect. Monitoring during an episode is important for adherence, response to treatment, and monitoring for adverse effects so that adjustments can be made as needed.</p>	<p>Evidence of three visits within 10 months, one of the three within the first 30 days.</p> <p>Initiation Phase: Any of the following Outpatient with POS CPT: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 With POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p style="text-align: center;">– OR –</p> <p>BH Outpatient CPT: 98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510 HCPCS: G0155, G0176-77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, T1015 Revenue Code: 0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83</p> <p style="text-align: center;">– OR –</p> <p>Observation CPT: 99217-20</p> <p style="text-align: center;">– OR –</p> <p>Health and Behavior Assessment or Intervention CPT: 96150-54, 96156, 96158-59, 96164-65, 96167-68, 96170-71</p> <p style="text-align: center;">– OR –</p> <p>Intensive Outpatient or Partial Hospitalization CPT: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 With Partial Hospitalization POS: 52</p> <p style="text-align: center;">– OR –</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484-85 Revenue Code: 0905, 0907, 0912-13</p> <p style="text-align: center;">– OR –</p> <p>Community Mental Health and POS CPT: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 With POS: 53</p> <p style="text-align: center;">– OR –</p> <p>Telehealth and POS CPT: 90791-94, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 With POS: 02</p>

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Follow-Up After Care for Children Prescribed ADHD Medication (ADD) 6-12 years			<p align="center">– OR –</p> <p>Telephone Visit CPT: 98966-68, 99441-43</p> <p>Continuation and Maintenance (C&M) Phase: Any of the above codes, or one visit can be e-visit or virtual check-in CPT: 98969-72, 99421-24, 99457 HCPCS: G0071, G2010, G2012, G2061-63</p>
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) 18 years and over	The percentage of members 18 years and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed, and remained on, an antipsychotic medication for at least 80% of their treatment period.	<p>This measure addresses the need for adults who begin an antipsychotic medication to treat schizophrenia to remain on medication for at least 80% of their treatment period.</p> <p>The treatment period is the period of time beginning on the earliest antipsychotic medication prescription date through the last day of the measurement year.</p> <p>Adherence to medication increases likelihood of recovery.</p>	<p>Compliance occurs only if patient has prescriptions filled 80% of days from their initial antipsychotic medication prescription.</p> <p>Encourage patient to fill prescriptions on time and take medications as prescribed.</p>
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) 18-64 years	The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.	Antipsychotic medication can cause dyslipidemia, which can worsen cardiovascular disease. Monitoring increases the chance to intervene for best outcomes.	<p>LDL CPT: 80061, 83700-01, 83704, 83721 CPT II: 3048F, 3049F, 3050F</p> <p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) 18-64 years	The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	Antipsychotic medication can cause metabolic problems and worsen the course of diabetes if not discovered. Monitoring increases the chance to intervene for best outcomes.	<p>HbA1c CPT: 83036-37 CPT II: 3044F, 3046F, 3051F, 3052F</p> <p>LDL CPT: 80061, 83700-01, 83704, 83721 CPT II: 3048F, 3049F, 3050F</p> <p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) 18-64 years	The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	<p>Measure addresses the need for adults diagnosed with schizophrenia OR bipolar disorder to have EITHER a glucose test or an HbA1c test.</p> <p>Antipsychotic medication can cause metabolic problems and worsen the course of diabetes if not discovered. Monitoring increases chance to intervene for best outcomes.</p>	<p>Glucose/HbA1c CPT: 80047-48, 80050-53, 80069, 82947, 82950-51, 83036-37 CPT II: 3044F, 3046F, 3051F, 3052F</p> <p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) 1-17 years	The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Documentation of psychosocial care as a first-line treatment for children and adolescents. Exclusions: <ul style="list-style-type: none"> • At least one acute inpatient encounter with diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder. • At least two visits in an outpatient, intensive outpatient, or partial hospitalization setting. 	Psychosocial Care CPT: 90832-34, 90836-40, 90845-47, 90849, 90853, 90875-76, 90880 HCPCS: G0176-77, G0409-11, H0004, H0035-40, H2000-01, H2011-14, H2017-20, S0201, S9480, S9484-85
Use of Opioids at High Dosage (HDO) 18 years and over	The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME]) \geq 90 mg) for \geq 15 days during the measurement year. <i>Note: A lower rate indicates better performance</i>	Reduce the number of adults prescribed high dose opioids for \geq 15 days. A lower rate indicates better performance. Increasing total MME dose of opioids is related to increased risk of overdose and adverse events. Necessity of use of high doses should be clear.	Members are considered out of compliance if their prescription average MME was \geq 90mg MME during the treatment period. This measure does not include the following opioid medications: <ul style="list-style-type: none"> • Injectables • Opioid cough and cold products • lonsys® (fentanyl transdermal patch) • Methadone for the treatment of OUD Exclusions: <ul style="list-style-type: none"> • Members with cancer, sickle cell disease • Members receiving palliative care
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) 13 years and over	The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of SUD among members 13 years of age and older that result in a follow-up visit or service for SUD.	For both indicators, any of the following meet criteria for a follow-up visit: <ul style="list-style-type: none"> • An inpatient admission or residential BH stay with a principal diagnosis of SUD • Outpatient, intensive outpatient encounter, observation visit, partial hospitalization, non-residential substance abuse treatment facility, or CMHC visit with a principal diagnosis of SUD • Telehealth visit or SUD service with a principal diagnosis of SUD • Opioid treatment service that bills monthly or weekly or residential BH treatment with a principal diagnosis of SUD • Telephone, e-visit or virtual check-in with a principal diagnosis of SUD • Pharmacotherapy dispensing event or medication treatment event NOTE: Follow-up does not include detoxification.	Alcohol Abuse and Dependence ICD-10-CM: F10.10, F10.120-21, F10.129-32, F10.139, F10.14, F10.150-51, F10.159, F10.180-82, F10.188, F10.19, F10.20, F10.230-32, F10.239, F10.24, F10.250-51, F10.259, F10.26, F10.27, F10.280-82, F10.288, F10.29 Opioid Abuse and Dependence ICD-10-CM: F11.10, F11.120-22, F11.129, F11.13-.14, F11.150-51, F11.159, F11.181-82, F11.188, F11.19, F11.20, F11.220-22, F11.229, F11.23-.24, F11.250-51, F11.259, F11.281-82, F11.288, F11.29 SUD Medication Treatment HCPCS: G2069-70, G2072-73, H0020, H0033, J0570-75, J2315, Q9991-92, S0109 SUD Services CPT: 99408-09 HCPCS: G0396-97, G0443, H0001, H0005, H0007, H0015-16, H0022, H0047, H0050, H2035-36, T1006, T1012 UBREV: 0906, 0944-45 OUD Monthly Office-Based Treatment HCPCS: G2086-87

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) 13 years and over</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of visits or discharges for which the member received follow-up for SUD within the 30 days after the visit or discharge. 2. The percentage of visits or discharges for which the member received follow-up for SUD within seven days after the visit or discharge. 	<p>Documentation Tips:</p> <ul style="list-style-type: none"> • Discuss importance of timely recommended follow-up visits. • Outreach to members who cancel appointments and assist with rescheduling as soon as possible. • Schedule follow-up appointments as soon as possible, particularly for recent discharges. • Coordinate care and share progress notes/updates between BH and PCP. • Document substance abuse diagnosis and consistently document at each follow-up. 	<p>UD Weekly Drug Treatment Service HCPCS: G2067-70, G2072-73</p> <p>UD Weekly Non-Drug Service HCPCS: G2071, G2074-77, G2080</p> <p>BH Outpatient CPT: 98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510 HCPCS: G0155, G0176-77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-37, H0039, H0040, H2000, H2010-11, H2013-20, T1015 UBREV: 0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83</p> <p>Acute/Nonacute Inpatient Stay UBREV: 0100-01, 0110-14, 0116-24, 0126-34, 0136-44, 0146-54, 0156-60, 0164, 0167, 0169-74, 0179, 0190-94, 0199, 0200-04, 0206-14, 0219, 1000-02</p> <p>Residential BH Treatment HCPCS: H0017-19, T2048</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS: G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85 UBREV: 0905, 0907, 0912-13</p> <p>Observation CPT: 99217-20</p> <p>Visit Setting Unspecified CPT: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55</p> <p>Online Assessments CPT: 98969-72, 99421-23, 99444, 99457-58 HCPCS: G0071, G2010, G2012, G2061-63, G2250-52</p> <p>Telephone Visits CPT: 98966-68, 99441-43</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year.

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Although the CPT II codes above are applicable for HEDIS measures, coding should always be validated per federal and state requirements.

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